



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH SERVICES DIVISION
JUVENILE PAROLE

Name: _____

Youth ID: _____

JUVENILE PAROLE AGREEMENT

Address: _____

Youth's
Initials

This parole is being granted subject to the following conditions, limitations and restrictions.

1. **RESIDENCE:** I agree to abide by all rules of my approved release (or subsequently) placement(s). I will not change my place of residence or placement without first obtaining written permission from my Parole Officer.
2. **HOME CONTACTS:** I will make my home open and available for the Juvenile Parole Officer to visit. I will inform my Parole Officer of any dangerous or potentially threatening animals.
3. **TRAVEL:** I will not leave _____ County (ies) without a Travel Permit from my Parole Officer.
4. **PROGRAM:** I will maintain school, treatment, employment, and/or vocational programming, or a combination of these, at all times as approved by my parole officer
5. **REPORTING:** I will initially report to my Parole Officer on _____ at _____ and thereafter on a regular basis and as specifically requested by my Parole Officer.
6. **WEAPONS:** I will not own, possess, or be in control of any firearms or deadly weapons, including black powder as defined by state or federal law. I will not possess OC Spray without prior written approval from my Parole Officer.
7. **FINANCIAL:** I will obtain permission from my Parole Officer before purchasing a vehicle or property valued over \$100, or engaging in business. Victim restitution, child support, fines, and fees will be my priority financial obligations.
8. **SEARCH:** Upon reasonable suspicion, I will submit to a search of my person, vehicle, or residence by a Parole Officer or designee, at any time, without a warrant. Any illegal property or contraband will be seized and processed according to Juvenile Parole Procedures.
9. **LAWS & CONDUCT:** I will comply with all city, county, state, federal or tribal ordinances, and conduct myself as a good citizen. I will, at all times, be cooperative and truthful in my communications and dealings with my Parole Officer. I will report any arrests or contacts with law enforcement to my Parole Officer within 24 hours or the next working day.
10. **DRUGS/ALCOHOL:** I will not drink, possess, or use intoxicants/alcohol or illegal or controlled substances. I will not enter any place where intoxicants are the chief item for sale. I will not be in possession of any drug paraphernalia. I will submit to regular or random alcohol/drug testing.

SPECIAL CONDITIONS

The Sentencing Court or the Department of Corrections Juvenile Parole Officer has ordered the following indicated conditions:

1. ☐ **VICTIM RESTITUTION:** I am ordered to pay restitution in the amount of \$ _____, payable in the following manner: _____
2. ☐ **COUNSELING/TREATMENT PROGRAMMING:** I shall participate in:
☐ Chemical Dependency program i.e. _____
☐ Mental Health program, i.e. _____ ☐ Other: _____
3. ☐ **SEX OFFENDER CONDITIONS:** I will enter and participate in sex offender counseling with an approved sex offender therapist. I will abide by all the conditions of therapy that may include restricted contact, polygraph testing, and other terms identified. I will develop a support network designed to allow for regular communication including my assault cycle and other associated issues. I understand that my Parole Officer and the counselor will be members of this network.
4. ☐ **TRANSITION CENTER:** I will enter and complete the Transition Center Program.
5. ☐ **ASSOCIATIONS:** I will not associate with specific probationers or parolees as directed by my Parole Officer per Supplemental (B) attached.
6. ☐ **DNA TESTING:** If I am adjudicated a Sexual or Violent Offender, I will submit to DNA testing.
7. ☐ **SEXUAL/VIOLENT OFFENDER REGISTRATION:** If I am adjudicated a Sexual or Violent Offender, I will register as required by law.
☐ **ADDITIONAL CONDITIONS:** (see attached Supplemental Form)

AGREEMENT

I have read or had read to me the foregoing rules and conditions and will abide by them. Failure to do so may result in revocation and my return to a state youth correctional facility. I understand that additional conditions may be imposed pursuant to an intervention and/or on-site hearing and will be presented to me in writing. I have discussed this Agreement with my Parole Officer, and I fully understand it and will obey all the terms of this Agreement. I understand that I am entitled to a hearing before I am returned to a youth correctional facility under Section 52-5-129, MCA.

Youth _____ Date _____ Facility Caseworker/Case Manager _____ Date _____

Superintendent _____ Date _____

****I have been given the Grievance Procedure and the Notification of Search/Cause and understand my rights as the offender or as the parent/guardian****

Youth _____ Date _____ Juvenile Parole Officer _____ Date _____

Parent or Guardian (when applicable) _____ Date _____